

Washington Department of Fish and Wildlife

**Application for Fishery License
Cards/Decals Replacement
for the Year _____**

Department Use Only	
License Number	Card #
License Type	Payment Receipt
Vessel Registration	
Total Fee per Item: \$20.00	
Amount Received	

Replacement Item
<input type="checkbox"/> License Card
<input type="checkbox"/> License Decal
Original license card/decal never received in mail. _____Initial

License Information / Dealer Information	
License Type	Wholesale Dealer #
License Number	Buyer #
Designated Vessel	Company Name

Issuance of duplicate card invalidates the original for any further use

License Owner(s) ID#						
Last Name		First Name			Initial	
Permanent Address						
Mailing Address						
City		State		Zip Code		Phone Number
Birthdate (M/D/Y)	Sex	Hair	Eyes	Weight	Height	
<p>I hereby affirm that the above card and/or decals have been lost/ destroyed.</p> <p>I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Providing false information may invalidate this license.</p> <p>_____ Signature of License Holder</p> <p>_____ Signed at (place)</p> <p>_____ Date</p>				<p>Make fees payable to State Treasurer</p> <p>Mail Applications Directly to:</p> <p>Department of Fish and Wildlife License Division 600 Capitol Way N Olympia WA 98501-1091</p> <p>Office Location: 1111 Washington St. S.E. Olympia WA Phone Number: (360) 902-2464 *TDD (360) 902-2207 Fax (360) 902-2945</p>		

This is a public document. Please be advised that the information submitted may be shared with other government agencies.

Notification Clause

The Washington Department of Fish and Wildlife receives federal financial assistance through the federal aid in fish and wildlife restoration acts. Any person who believes they have been discriminated against because of race, color, national origin, age or handicapping condition in a program, activity, or facility operated by the department, should write to: USFWS, Department of Interior, 18th & C Streets NW, Washington DC 20241. The complaint must include your name, address, phone number, date of incident, and reason you believe you have been discriminated against.